State of California Department of Consumer Affairs

**DENTAL BOARD OF CALIFORNIA**
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300
FAX: (916) 263-2140
www.dbc.ca.gov

# CERTIFICATION OF CONSCIOUS SEDATION TRAINING

**Applicant**: Complete the upper portion of this form and have your conscious sedation training certified by the educational institution where you obtained the training. Submit this completed form with your application for permit.

Applicant Name _____

California Dental License Number _____

Name of School attended and dates _____

**Educational Institution**: Complete This Portion of Form
This dentist is applying for a conscious sedation permit to administer or order the administration of conscious sedation in the dental office in California. In order to qualify for a permit, applicant is required to provide proof of completion of a course of study in conscious sedation. Please check the appropriate box relating to the program applicant completed at your educational institution. If assistance is needed in determining educational equivalency to the Guidelines, please contact the American Dental Association.

☐ Training in the administration of conscious sedation consisted of at least 60 hours of instruction; met requirements of satisfactorily completing at least 20 cases of the administration of conscious sedation for a variety of dental procedures; and complies in all respects with the requirements of the 1985 Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association.

☐ Training offered at this educational institution did not satisfy the criteria above.

I hereby certify that _____satisfactorily completed the above

referenced training at _____. This student was enrolled in a

_____program when obtaining conscious sedation training.
Program

This student obtained this training in _____.
(Month/Year)

EDUCATIONAL PROGRAM SEAL

_____
Signature Date

_____
Printed Name/Title Phone